

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-870)**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER IN AMENDMENT		AFTER IN AMENDMENT	
	NO.	DEF.	NO.	DEF.	NO.	DEF.
1	1					
2						
3						
4						
5						
6						
7						
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10						
11						
12						
13						
14	1					
15		1				
16	1					
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48						
49						
50						
TOTAL NO.	3					
TOTAL DEF.	18					
TOTAL	21					

	NO.	DEF.	NO.	DEF.	NO.	DEF.
61						
62						
63						
64						
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TOTAL NO.						
TOTAL DEF.						
TOTAL						